County: Outagamie
PARKSIDE CARE CENTER

1201	GARFIELD	AVENUE

LITTLE CHUTE 54140 Phone: (920) 788-5806	5	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	76	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	66	Average Daily Census:	72

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				용
Home Health Care Supp. Home Care-Personal Care	No No		8	Age Groups	9	Less Than 1 Year	12.1 53.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.6	More Than 4 Years	21.2
Day Services	No	Mental Illness (Org./Psy)	15.2	65 - 74	6.1		
Respite Care	No	Mental Illness (Other)	1.5	75 - 84	37.9		86.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.4	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	13.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	18.2	65 & Over	92.4		
Transportation	No	Cerebrovascular	4.5			RNs	7.6
Referral Service	No	Diabetes	10.6	Gender	용	LPNs	10.6
Other Services	No	Respiratory	1.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	34.8	Male	36.4	Aides, & Orderlies	36.5
Mentally Ill	No			Female	63.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	왕	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	299	44	89.8	121	0	0.0	0	12	100.0	170	0	0.0	0	0	0.0	0	61	92.4
Intermediate				5	10.2	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		49	100.0		0	0.0		12	100.0		0	0.0		0	0.0		66	100.0

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	I				% Needing		Total
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	10.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.5		42.4	56.1	66
Other Nursing Homes	4.6	Dressing	9.1		59.1	31.8	66
Acute Care Hospitals	85.1	Transferring	22.7		39.4	37.9	66
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		28.8	54.5	66
Rehabilitation Hospitals	0.0	Eating			13.6	12.1	66
Other Locations	0.0	*****	*****	*****	*****	******	*****
Total Number of Admissions	87	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter		Receiving Resp	iratory Care	3.0
Private Home/No Home Health	44.2	Occ/Freq. Incontiner	nt of Bladder	68.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	42.4	Receiving Suct	ioning	0.0
Other Nursing Homes	5.3				Receiving Osto	my Care	1.5
Acute Care Hospitals	12.6	Mobility			Receiving Tube	Feeding	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.5	Receiving Mech	anically Altered Diets	30.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	37.9 j	With Pressure Sores		12.1	Have Advance D	irectives	90.9
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	95 j				Receiving Psyc	hoactive Drugs	57.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.0	86.2	1.00	87.1	0.99	88.1	0.98	87.4	0.98
Current Residents from In-County	81.8	78.5	1.04	81.0	1.01	82.1	1.00	76.7	1.07
Admissions from In-County, Still Residing	17.2	17.5	0.98	19.8	0.87	20.1	0.86	19.6	0.88
Admissions/Average Daily Census	120.8	195.4	0.62	158.0	0.76	155.7	0.78	141.3	0.86
Discharges/Average Daily Census	131.9	193.0	0.68	157.4	0.84	155.1	0.85	142.5	0.93
Discharges To Private Residence/Average Daily Census	58.3	87.0	0.67	74.2	0.79	68.7	0.85	61.6	0.95
Residents Receiving Skilled Care	92.4	94.4	0.98	94.6	0.98	94.0	0.98	88.1	1.05
Residents Aged 65 and Older	92.4	92.3	1.00	94.7	0.98	92.0	1.01	87.8	1.05
Title 19 (Medicaid) Funded Residents	74.2	60.6	1.23	57.2	1.30	61.7	1.20	65.9	1.13
Private Pay Funded Residents	18.2	20.9	0.87	28.5	0.64	23.7	0.77	21.0	0.87
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	16.7	28.7	0.58	33.8	0.49	35.8	0.47	33.6	0.50
General Medical Service Residents	34.8	24.5	1.42	21.6	1.62	23.1	1.51	20.6	1.70
Impaired ADL (Mean)	57.3	49.1	1.17	48.5	1.18	49.5	1.16	49.4	1.16
Psychological Problems	57.6	54.2	1.06	57.1	1.01	58.2	0.99	57.4	1.00
Nursing Care Required (Mean)	6.1	6.8	0.89	6.7	0.90	6.9	0.88	7.3	0.83